



King County Mental Health Chemical Abuse and Dependency Services Division 2002 Briefing Paper

WESTERN STATE HOSPITAL CENSUS

BACKGROUND:

Under the “Expanding Community Services” program, Western State Hospital (WSH) is reducing the number of non-forensic involuntary commitment beds from 762 to 642 by May 2003. King County’s allocation of beds at WSH is being reduced from 259 to 218. King County has consistently been over its target allocation level since the beginning of 2002. Liquidated damages for excess utilization of WSH beds has been avoided because the total hospital census has been under the maximum allocation. As beds are reduced beginning on July 1, 2002 King County faces increased risk of having to pay liquidated damages. In addition, beginning on December 1, 2002, the state will charge liquidated damages to King County for any patient who has been determined to be ready for discharge and has not been placed out of the hospital within seven days of RSN notification.

ISSUES/CHALLENGES:

- State Hospital beds are being reduced while the state population has been increasing.
- Involuntary commitment laws have been broadened to increase the likelihood of involuntary commitment. The Legislature has amended the involuntary commitment statute in 1997, 1998, 1999, and 2001 to mandate referrals to County Designated Mental Health Professionals (CDMHPs) for certain individuals evaluated as incompetent under Chapter 10.77 RCW, to direct CDMHPs and courts to consider and give weight to prior history in making detention and commitment decisions, to mandate revocation to the hospital for specified individuals on less-restrictive court orders, and to broaden the criteria for extending involuntary commitments and for initial detention.
- King County RSN funding to support enrolled individuals in the community has been cut by the state.
- While the state is preparing to charge liquidated damages to RSNs for failure to place individuals who are considered to be ready for discharge, many of the barriers to discharge are outside the ability of the RSN to control. These include the reluctance of nursing homes and adult family homes to accept patients with severe mental health needs or history of violence, patients who refuse placements and want to stay at the hospital, and the inability of WSH to provide timely transportation for patients to visit facilities in order to arrange appropriate placement.
- Lack of community resources to contract with to provide residential services to these clients.

DATA:

Washington State’s population has increased by 21% in the past decade. When 120 more beds are cut at WSH, there will have been a 27% reduction in WSH beds in the last decade. Involuntary hospitalizations (both initial 72-hour detentions and detentions for revocation of less-restrictive orders) have increased from 1870 in 1997 to 2353 in 2001, a 26% increase over five years. RSNs are required by RCW 71.24.300 to keep 85% of persons detained or committed for up to 17 days within the boundaries of the RSN. In 2002, King County has kept 100% within King County. Despite this, the WSH population has remained steady because 90-day commitments are the responsibility of DSHS, and many individuals need longer stay hospitalizations than the local evaluation and treatment facilities can provide.

RECOMMENDATION/LEGISLATIVE ACTION:

The State Hospitals provide an important service for individuals who are severely impaired by mental illness. The danger of reducing the availability of this resource without providing adequate resources in the community has been well documented by the results of deinstitutionalization in the 1960s: huge increases in the number of mentally ill individuals homeless on the streets and in jails and prisons. The amount of money being provided through the Expanded Community Services Program is not enough for RSNs to ensure that these individuals will receive sufficient care in the community to prevent repeated hospitalizations, incarcerations, and episodes of homelessness. The State Mental Health Division should not reduce beds at Western State Hospital until there are adequate community resources to care for individuals who have significant, long-term mental health needs. Most importantly, DSHS must assure that there is a sufficient supply of nursing homes and adult family homes able and willing to accept the population expected to leave WSH before any bed closures are initiated. Timing also needs to be considered as new resources need to be developed.